Case 17-12946-elf Doc 27 Filed 12/04/17 Document

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Desc Main 12/04/2017 05:48:49am

Fill in this inform	mation to identify	y your case:			
Debtor 1	Andrea		Jones		
	First Name	Middle Name	Last Name	Che	eck if this is:
Debtor 2				M	An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name		, an amenada ming
United States Bankruptcy Court for the:		EASTERN DIST. OF PENNSYLVANIA		🗆	A supplement showing postpetition chapter 13 income as of the following date:
Case number	17-12946				chapter 13 income as of the following date.
(if known)					MM / DD / YYYY
Official Form 1	nei				

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

 Fill in your employment information. 		Debtor 1	Debtor 2 or non-filing spouse			
If you have more than one job, attach a separate page with information about	Employment status	✓ Employed☐ Not employed	☐ Employed ☐ Not employed			
additional employers.	Occupation	Janitoral				
Include part-time, seasonal, or self-employed work.	Employer's name	Integrity National Corporation	_			
Occupation may include student or homemaker, if it applies.	Employer's address	1738 Elton Road Ste 311 Number Street	Number Street			
		Silver Spring MD 20903				
		City State Zip Code	City State Zip Code			

Part 2: **Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$2,121.17		
3.	Estimate and list monthly overtime pay.	3. 4	\$0.00		
4.	Calculate gross income. Add line 2 + line 3.	4.	\$2,121.17		

Debt	tor 1 Andrea Jones		Case nur	mber (if known)	17-129	946
		F	For Debtor 1	For Debtor 2	or	
	Copy line 4 here	4.	\$2,121.17			
5.	List all payroll deductions:					
	5a. Tax, Medicare, and Social Security deductions	5a.	\$418.17			
	5b. Mandatory contributions for retirement plans	5b.	\$0.00			
	5c. Voluntary contributions for retirement plans	5c.	\$0.00			
	5d. Required repayments of retirement fund loans	5d.	\$0.00		_	
	5e. Insurance	5e.	\$0.00			
	5f. Domestic support obligations	5f.	\$0.00			
	5g. Union dues	5g.	\$0.00			
5	5h. Other deductions. Specify:	5h. +	\$0.00			
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$418.17		_	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$1,703.00			
8.	List all other income regularly received:					
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$300.00	-	_	
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
	8b. Interest and dividends	8b.	\$0.00			
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00		<u> </u>	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
	8d. Unemployment compensation	8d.	\$0.00			
	8e. Social Security	8e.	\$0.00			
	8f. Other government assistance that you regularly receive				_	
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	Specify:	_ 8f.	\$0.00			
	8g. Pension or retirement income	8g.	\$0.00			
	8h. Other monthly income.	0.1				
	Specify: tax refund	_ 8h. +	\$150.00			
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$450.00			
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2,153.00	+]=[\$2,153.00
11.	State all other regular contributions to the expenses that you list in S Include contributions from an unmarried partner, members of your housel friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that	hold, you	ır dependents, you	expenses listed in	n Schedi	
	Specify:			1	11. +	\$0.00
	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies. 12. \$2,153.00 Combined monthly income					
13.	B. Do you expect an increase or decrease within the year after you file this form?					, ,
	 No. ✓ Yes. Explain: Debtor is in the process of applying for a secondary payment.			t income to af	ford the	step plan